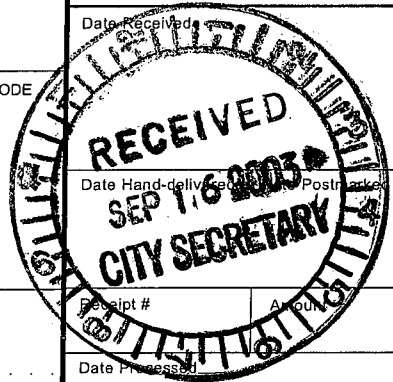


# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <b>4</b>
3 COMMITTEE NAME <b>LET THE PEOPLE VOTE</b>		OFFICE USE ONLY	
4 COMMITTEE ADDRESS  <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>P.O. BOX 19117 HOUSTON, TX 77224</b>		
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI <b>ROBERT W.</b> NICKNAME LAST SUFFIX <b>ENGEL</b>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>1450 W. SAM HOUSTON PKWY. N., SUITE 100 HOUSTON, TX 77043-3124</b>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>(713) 467-2222</b>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year      THROUGH      Month Day Year <b>1 / 1 / 03      6 / 30 / 03</b>		
11 ELECTION	ELECTION DATE      ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <b>/ /</b>		

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE  
NAME

ACCOUNT #  
(Ethics Commission filers)

13 COMMITTEE  
PURPOSE

(Attach lists on plain  
paper to complete this  
report if necessary.)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST  
(officeholders only)

☐ CANDIDATE

☐ OFFICEHOLDER

☒ MEASURE

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year  
/ /

DESCRIPTION

CHARTER AMENDMENT

14 NO REPORTABLE  
ACTIVITY

☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

15 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,651.94

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

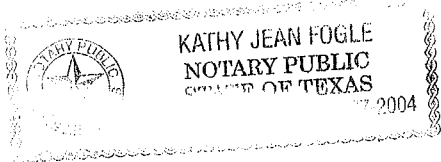
\$ 3,651.94

OUTSTANDING  
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

16 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.

Robert W. Engel  
Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Engel, this the 20th day  
of Aug, 20 03, to certify which, witness my hand and seal of office.

Kathy Jean Fogle  
Signature of officer administering oath

Kathy Jean Fogle  
Printed name of officer administering oath

Accountant  
Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A1**(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 1	
2 FILER NAME <b>LET THE PEOPLE VOTE</b>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <b>6/26/03</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ALLEN R. HARTMAN</b>	7 Amount of contribution (\$) <b>3,651.94</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code [REDACTED]			
9 Principal occupation (Optional)		10 Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			
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**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:

1

**2** FILER NAME

LET THE PEOPLE VOTE

**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7**Amount  
(\$)

6/26/03

BRANDON COLEMAN

**6** Payee address; City; State; Zip Code14107 TORREY VILLAGE  
HOUSTON, TX 77014

730.56

**8** Purpose of payment (See instructions regarding type of information required.)

TELEPHONE WORK

**9** .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

6/26/03

ERIKA GREEN

Payee address; City; State; Zip Code

13480 S. THORNTREE DR, # 203  
HOUSTON, TX 77015

990.90

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE WORK

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

6/26/03

SHAWANA WILTZ

Payee address; City; State; Zip Code

1401 REDFORD, #1513B  
HOUSTON, TX 77034

1060.80

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE WORK

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

6/26/03

TINA THOMPSON

Payee address; City; State; Zip Code

14826 ARMITAGE LANE  
SUGAR LAND, TX 77478

569.68

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE WORK

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED